

Vonda M. Wallace
Paralegal Specialist

AAT 34

Vonda M. Wallace
Paralegal Specialist

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE		
						APPLICANT(S)	09/509457		
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					51			
2	1					52			
3	2					53			
4	2					54	1		
5	2					55		1	
6	2					56			
7	2					57		1	
8	2					58		1	
9	2					59		1	
10	1					60		1	
11	1					61			
12	1					62			
13	1					63			
14	1					64			
15	1					65			
16	1					66			
17	1					67			
18	1					68			
19	1					69			
20	1					70			
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30	1					80			
31	1					81			
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33	1					83			
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35	1					85			
36	1					86			
37	1					87			
38	1					88			
39	1					89			
40	1					90			
41	1					91			
42	1					92			
43	1					93			
44	1					94			
45	1					95			
46	1					96			
47	1					97			
48	1					98			
49	1					99			
50	1					100			
TOTAL IND.						TOTAL IND.	3		
TOTAL DEP.						TOTAL DEP.	56		
TOTAL CLAIMS						TOTAL CLAIMS	59		